

# **GUIDELINES FOR GRANT APPLICATION PREPARATION**

## **TITLE X FAMILY PLANNING SERVICES PROGRAM**

**\*Information contained within a Federal Register Notice supersedes instructions included in these guidelines.**

Office of Population Affairs/Office of Family Planning  
April 2006

**GUIDELINES FOR APPLICATION PREPARATION  
New and Competing Continuation Applications**

**Table of Contents**

<b>PART I. GENERAL INSTRUCTIONS.....</b>	<b>1</b>
A. APPLICATION SUBMISSION.....	2
B. APPLICATION SEQUENCE.....	2
C. APPLICATION STYLE.....	2
D. DUNS NUMBER.....	2
E. NOTIFICATION TO ELECTED OFFICIALS.....	3
F. INTERGOVERNMENTAL REVIEW .....	3
G. PUBLIC HEALTH SYSTEM REPORT REQUIREMENTS.....	3
<b>PART II. APPLICATION CONTENT.....</b>	<b>4</b>
A. PROGRESS REPORT.....	4
B. PROJECT ABSTRACT.....	4
C. NEEDS ASSESSMENT.....	4
D. ORGANIZATION ADMINISTRATION & MANAGEMENT.....	5
E. PROGRAM WORK PLAN.....	7
F. CLINICAL MANAGEMENT.....	8
G. COMMUNITY EDUCATION/OUTREACH.....	11
H. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE.....	11
I. FINANCIAL MANAGEMENT.....	11
J. BUDGET INFORMATION.....	12
<b>PART III.     EXHIBITS - SAMPLE FORMATS (not required formats)</b>	
EXHIBIT A.     FAMILY PLANNING SERVICE SITE INFORMATION	
EXHIBIT B.     SERVICES PROVIDED	
EXHIBIT C.     TITLE X ASSURANCE OF COMPLIANCE	
EXHIBIT D.     SAMPLE PROGRAM WORK PLAN FORMAT	
EXHIBIT E.     PROGRESS REPORT	
EXHIBIT F.     PERSONNEL COSTS	
EXHIBIT G.     TRAVEL COSTS	
EXHIBIT H.     INSTITUTIONAL FILES	

**GUIDELINES FOR GRANT APPLICATION PREPARATION**  
**New and Competing Continuation Applications**  
**Title X Family Planning Services Program**

**PART I. GENERAL INSTRUCTIONS**

These instructions provide a set of standard policies and procedures for preparing grant applications for new and competing continuation funding for the Title X Family Planning Services Program. These instructions are applicable to public and nonprofit private entities applying for funds for the establishment and operation of voluntary family planning services projects.

The focus of the application is to document and prioritize need, and to clearly describe the applicant's unique and comprehensive approach to meeting this need. No one section of an application stands alone. Each section supports and justifies other sections of the application.

These instructions are to be used in conjunction with the Title X statute, implementing regulations, and "*Program Guidelines for Project Grants for Family Planning Services*" (January 2001), (hereafter referred to as *Program Guidelines*), and other information included in the program announcement (Federal Register Notice) and application kit.

This document provides supplemental guidance for application form OPHS -1 by prescribing application requirements for Family Planning Services. The sequence of the application and information/data for inclusion are specified.

Competing applications will be evaluated according to the review criteria stated in the program announcement.

The application must provide detailed information in the program work plan for the full project period requested (not to exceed five years), a detailed budget and budget justification for the first year of the project, and projected costs for the remainder of the requested project period.

Exhibits are included as part of this document as sample formats for providing important data, but are not required. Use the narrative section to provide critical information which explains and justifies the application. Grantee agencies are required to have an indirect cost agreement or an accepted cost allocation plan with DHHS or other cognizant Federal agency in order to claim indirect costs.

All the required information should be provided in the sequence described in these instructions. You should refer to the applicable Federal Register Notice regarding restrictions on the number of pages and other application requirements. Only the portion of the application narrative that is within the stated page limit will be reviewed. Applicants should present all information in a concise, succinct manner. Progress reports for competing continuation applications are not included in the page limit. Appendices should not be used to extend the narrative of the application.

Regional family planning program staff and Office of Public Health and Science (OPHS) Office of Grants Management staff are available to provide assistance during the development of applications.

April 27, 2006

## **A. APPLICATION SUBMISSION**

Prepare the program narrative statement in accordance with these instructions for all new and competing continuation applications. The program narrative should be concise and complete. Supporting documents should be included where they can present information clearly and succinctly. Cross-referencing should be used rather than repetition.

All new and competing continuation applications must be submitted according to the date and in the manner specified in the program announcement.

All applications must be submitted to the OPHS Office of Grants Management. Applications may be submitted electronically through the electronic grants management system, e-Grants, the Grants.gov system, or in hard copy. Please refer to the program announcement for details regarding application submission. For further information related to grant submission, you may contact the OPHS Office of Grants Management at:

Phone: 240-453-8822  
Fax: 240-453-8823  
Email: [Kcampbell@osophs.dhhs.gov](mailto:Kcampbell@osophs.dhhs.gov)

## **B. APPLICATION SEQUENCE**

### **Required Forms and Information** *(not included in the page limit)*

- SF 424 - OPHS-1 (Revised 8/2004)
- Title X Assurance of Compliance (Exhibit C)
- Table of Contents
- Budget Information SF 424A, Sections A-F
- Budget Justification/Narrative
- Progress Report *(Competing continuation only)*

### **Project Narrative** *(page limit defined in Program Announcement)*

- Needs Assessment
- Organization and Management
- Program Work Plan (including measurable goals and objectives)
- Clinical Management
- Community Education/Outreach
- Evaluation and Quality Assurance Assessment
- Financial Management

### **Exhibits/Appendices** *(not included in the page limit)*

## **C. APPLICATION STYLE**

Please refer to the program announcement for information related to maximum page length of application, and instructions on application style. Applications will only be reviewed up to the page limit listed in the program announcement.

## **D. DUNS NUMBER**

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all

applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps needed to obtain one. Instructions for obtaining a DUNS number are included in the application package, and may be downloaded from the OPA web site.

#### **E. NOTIFICATION TO ELECTED OFFICIALS**

When submitting an application, please include the correct (verified) Congressional District/Districts on the SF 424, Application for Federal Assistance, in block 14. Confirmation of the Congressional District/Districts for your organization can be obtained by logging on to the Internet website, [www.rollcall.com](http://www.rollcall.com), Site Map; Constituent Services; go to Zip Code.

Providing the correct Congressional District /Districts to the Office of Grants Management will ensure that the Congressional Liaison Office of the Department of Health and Human Services will be notified promptly of your funding. This information is transmitted to your Federal elected officials prior to release of the Notice of Grant Award (NGA). The NGA could be delayed without this information.

The nine-digit zip code must be included on the SF 424, in item 5.

#### **F. INTERGOVERNMENTAL REVIEW**

The Family Planning Services Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100, Intergovernmental Review of Federal Programs. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

Applicants (other than federally-recognized Indian tribal governments) should contact their Single Point Of Contact (SPOC) as early as possible to alert them to the prospective application and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State.

The due date for State process recommendations is 60 days after the Federal application receipt due date listed in the program announcement.

#### **G. PUBLIC HEALTH SYSTEM REPORT REQUIREMENTS**

Under these requirements (approved by the Office of Management and Budget), the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprized of proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions. Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- 1) A copy of the face page of the application (SF 424);
- 2) A summary of the project, not to exceed one page, which provides:
  - a) A description of the population to be served;
  - b) A summary of the services to be provided; and

- c) A description of the coordination planned with the appropriate State and local health agencies.

The frequency of the PHSIS is simultaneous with the submission of new, competing continuation, and the first year noncompeting continuation application in an approved project period.

## **PART II. APPLICATION CONTENT**

### **A. PROGRESS REPORT**

A progress report must be included only in competing continuation applications. The progress report is not included in the page limit for the Project Narrative.

The report should evaluate progress in achieving the stated work plan program objectives for the previous budget year, as expressed in the approved program work plan. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or were considerably over-achieved. Summarize the impact of the annual objectives on achieving the long term objectives.

Report on any other significant activities, accomplishments, or setbacks that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

This section should contain a discussion of the grantee's use of any special or supplemental Title X funding. The discussion should include the activities and outcomes accomplished.

### **B. PROJECT ABSTRACT**

The application should include a one-page abstract of the proposed project. This will be used to provide reviewers with an overview of the application, and will for the basis for the application summary in grants management documents.

### **C. NEEDS ASSESSMENT**

For more information on this section, refer to the *Program Guidelines*, Part I, Section 3.2.

1. Provide a **geographic** description of the service area. Discuss seasonal or topographic factors if they impact on the availability of and accessibility to services.
2. Provide a **demographic** description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of family planning services. Examples of data presented **could include, but not be limited to** birth rates, fertility rates, teen pregnancy rates, infant mortality rates, low birth weight births, information on sexually transmitted infections and HIV/AIDS, number of women in need of subsidized family planning services, health disparities including race/ethnicity, and special populations. The data should be an integral part of the family planning needs assessment, and should be reflected in the development of the program work plan. Identify sources of all data.
3. Describe any **high priority populations** and/or target areas proposed to be served.

4. Describe **existing resources** for the provision of family planning services in the service area.
5. Identify **statewide or community resources** and networks related to reproductive health, including inter- and intra-agency linkages. Describe the relationship with these organizations. Provide copies of formal arrangements if applicable.
6. Summarize the **unmet family planning needs** and describe why the needs are not being met.

#### **D. ORGANIZATION, ADMINISTRATION & MANAGEMENT**

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5 and 6. Supporting information such as organizational chart and lists of governing or advisory board members may be provided in the appendices. Reference to this information should be included in the body of the Program Narrative.

##### **1. Organizational Structure - Applicants should provide:**

- a) A brief description and history of the organization;
- b) Proof of nonprofit status, including IRS 501(c)(3) certification, if applicable (required if new applicant);
- c) Articles of incorporation and bylaws, if applicable (new applicants). Updates to bylaws, if applicable (competing continuation applicants);
- d) A description of the organizational structure for program management;
- e) An organizational chart that describes the location of the Title X program within the organizational structure; and
- f) A list of governing board and/or advisory board members that identifies expertise and population represented. Process for selection and rotation of board members should be included in appendices (required for private nonprofit organizations).

##### **2. Program Structure**

An “umbrella” agency should discuss the number and types of sub-recipient agencies or contract providers participating in the program. A copy of the standard agreement between the applicant and the sub-recipients/delegate agencies must be included. A list of sub-recipients/providers, including clinic locations and hours should be included. Both the standard agreement and the sub-recipient list may be provided in the appendices.

##### **3. Adherence to State Laws Regarding Reporting of Child Abuse, Child Molestation, Sexual Abuse, Rape, or Incest (State Reporting Laws)**

Provide agency policy and procedures regarding adherence to State law(s) requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. Include the procedures

for ensuring that the policy is implemented, and for monitoring of sub-recipient agencies regarding adherence to State requirements.

**4. Monitoring of Sub-recipient Agencies And/or Contract Providers - Applicants should describe:**

- a. Internal systems in place for assuring that sub-recipients or contract providers are in compliance with the Title X statute, State reporting laws, and the agreement with the applicant;
- b. Procedures for ensuring compliance with Section 1008 of the Title X statute;
- c. System for assuring that Title X funds are distributed to sub-recipients or contractors using a periodic competitive process;
- d. Policy concerning on-site reviews of sub-recipients or clinics; the number, manner, and frequency of the reviews; the scope of reviews, etc;
- e. Internal reviews to assure sub-recipient agency compliance (e.g., expenditure reports, funding requests, budget reviews, internal medical audit reviews, protocol reviews, etc.) Describe the type of reviews, frequency, and the applicant's expectations of the sub-recipient/delegate;
- f. Procedures for assuring or requiring that sub-recipient agency personnel and contractors have access to continuing education and/or training on Title X related topics to ensure ongoing effective and high quality family planning services; and
- g. Procedures for monitoring independent financial audit reports of sub-recipients/delegates.

**5. Personnel Policies - Applicants should:**

- a. Briefly describe their personnel policies dealing with staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, grievance procedures, confidentiality of personnel records, and conflict of interest;
- b. Describe the policy and procedures for employee orientation and in-service training; and
- c. Describe the policy and procedures for ensuring required professional licenses are current and on file.
- d. Describe any updates or revisions to their personnel policies (applicants submitting competing continuation applications).

**6. Position Descriptions and Biographical Sketches**

Provide position descriptions and biographical sketches, as applicable, of key personnel. (For example, project director, operations director, medical director, fiscal director, etc.) These may be included in the appendices, but should be referenced in the application narrative.

**7. Bilingual Services**

April 27, 2006

Describe the provision of culturally and linguistically appropriate services based on the needs assessment, if appropriate.

#### **D. PROGRAM WORK PLAN**

The program work plan is meant to be an ongoing monitoring and evaluation tool for the grantee and the PHS regional office. The program work plan is a major component of the Project Narrative. The program work plan must include long term goals and objectives for the life of the project period requested (not to exceed five years, or as describes in the program announcement), and short term goals and objectives (one year). Areas to be addressed should include:

- **Administrative**
- **Clinical**
- **Community education and outreach**
- **Financial management**

The applicant should engage in a realistic planning process as goals and objectives are developed. Goals and objectives should reflect the intended purpose of the Title X program as defined in the statute and regulations, and how the proposed project will address the purpose. Do not hesitate to extend the horizons of project activities by identifying objectives that may be difficult to achieve but are within project's skills and resources. Fear of failure to achieve objectives should not prevent an applicant from identifying objectives that will further the goals of the organization and the intent of Title X. If situations or circumstances upon which objectives are based change, making them impossible to achieve, with the concurrence of the PHS regional project officer and the OPHS Office of Grants Management, mid-course adjustments to the program work plan may be made. It is important, however, that the applicant/grantee clearly note the changes in the program work plan if adjustments are made.

The evaluation process should be such that, when objectives are either not met or considerably over-achieved, the reasons for both are addressed in subsequent progress reports. Any modifications to the program plan should be fully explained.

The grantee should avoid setting objectives over which it has limited control or that are too broad to be realistic. The program work plan should reflect activities supported in the budget. The budget request should link directly to and support the proposed program work plan items.

The following outline suggests a format for developing the program work plan. (See Exhibit D for a sample format). Other formats are acceptable as long as the information is complete.

##### **1. Problem /Need Statements**

Problem/Need Statements are clearly and specifically defined descriptions of major needs or problems, quantified where possible. The problem/need statements should tie into and flow from the overall project description. For example, such statements in the plan may address:

- a. Needs of the target population
- b. Problems of a specific service area
- c. Needs of a specific population
- d. A specific health problem

##### **2. Goals**

Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems, and are usually long term.

### **3. Objectives**

Objectives are descriptions of **Specific, Measurable, Achievable, Realistic, Time-framed (SMART)** results or outcomes projected. They can be used to identify an acceptable level of performance and/or establish criteria for evaluation. A baseline, or starting point, for each objective should be included.

### **4. Action Steps**

Action steps are the major activities that must occur to accomplish an objective - critical actions that must be taken to attain the measurable outcome or end result.

### **5. Data Collection**

Identify the kinds of data to be collected and maintained.

### **6. Responsible Party**

Identify who is responsible for oversight and/or performance for each objective.

## **E. CLINICAL MANAGEMENT**

For more information on this section, refer to the *Program Guidelines*, Part II, Sections 7 through 10. The applicant should address the following areas corresponding with the manner in which services are being delivered, as a direct service provider or as an umbrella organization with sub-recipient agencies.

### **1. Service Site Information**

Service site information should be presented in tabular form. This information includes: sub-recipient/delegate agency/service site identification, location, service area, office hours, clinic hours, number of users as reported on last Family Planning Annual Report and number of users projected for the budget period. The number of users reported/projected should be at the sub-recipient/delegate agency level. (*See Exhibits A, B, B-1 for sample formats; service site information may be provided in the appendices, but should be referenced in the narrative*).

#### **a) Hours of Operation**

Provide days and hours of operation for each clinic or site location, including hours of provider clinics, if different from the hours of operation. Clinic hours refer to the times medical services are available; office hours are the hours that the clinic sites are actually open.

#### **b) Clinical Care Providers**

Title X regulations require that family planning medical services be performed under the direction of a physician with special training or experience in family planning. It is expected that the physician acting in the role of the medical director will ensure that family planning services are effective and of high quality. Describe how the project addresses this requirement at the

grantee and/or sub-recipient level, including the following information:

- 1) description of role and function of the medical director as part of the family planning project (include job description in appendices);
- 2) describe clinical oversight activities, including ensuring that clinical services provided to clients are effective, of high quality, and consistent with nationally recognized standards of care;
- 3) percent time of medical director dedicated to the Title X family planning program;
- 4) clarify whether medical director is staff or contract physician; and
- 5) medical director's expertise and/or training in family planning.

Many Title X projects utilize nurse practitioners and/or physician assistants as family planning clinical service providers. Briefly summarize the current state laws regarding requirements for Advanced Practice Nurses and Physician Assistants used in the program.

c) Facilities

On a map, provide locations of all sub-recipients/delegate agencies and satellite sites. Discuss the availability of facilities to the target population, including availability of public transportation. Describe accessibility of services to physically challenged individuals.

## 2. Service Plans and Protocols

Describe the services provided at the initial visit, annual revisits, and other revisits.

Describe the process for development, approval and updating of protocols. Protocols should be reviewed annually, and updated as necessary.

## 3. Services (See *Program Guidelines* Part II, Sections 7.3, 7.4, 8.1-8.8, 9.1-9.6)

Submit information on services provided at service sites and indicate if services are: direct, on-site; direct, off-site; paid referral; provided by central grant administration; or not provided.

Provide a brief explanation for any required service that is not provided directly by the applicant ("directly" in this context means on-site and/or subsidized by Title X off-site).

Describe the applicant's standards for the provision of emergency and after hours coverage.

Describe the clinical tracking system for follow-up and referral.

For "umbrella" agencies with services provided by sub-recipients, **the items below may be presented as the standards acceptable to the applicant within the requirements of Title X**, rather than as a thorough description of services within each sub-recipient agency.

## 4. Laboratory Services (See Part II, Sect. 8.3)

Describe the policy for lab services including quality assurance procedures. Describe policy for obtaining services beyond the scope of the on-site lab. Describe the criteria used for the selection of outside contract lab (e.g. price, certification, and other quality assurance measures).

## 5. Pharmacy Services (See Part II, Sect. 10.2)

Describe the provision of pharmacy services including a summary of the State's laws with respect to the provision of this service. **Including the schedule of discounts for clients between 101 -250% of the Federal poverty level, for charging for contraceptive or other pharmaceutical supplies.**

## **6. HIV/AIDS Services**

Include a description of the HIV/AIDS prevention services offered. At a minimum, include the mechanism and funding source(s) for providing required HIV counseling and testing service either on-site or by referral.

## **7. Medical Records (See Part II, Section 10.3)**

Briefly describe the policies and procedures covering maintenance of medical records, including retention, confidentiality and release of records. Describe how the agency addresses the requirements of the Health Information Portability and Accountability Act (HIPAA).

## **8. Human Subjects**

When applicable, provide evidence of compliance with Human Subjects Clearance (Research) requirements.

## **9. Client Education & Counseling**

Describe educational and counseling services provided to clients, and provisions to assure informed consent and confidentiality.

Provide description of counseling that encourages family participation in the decision of minors to seek family planning services, as well as counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Provide evidence of compliance with regulations on sterilization procedures.

Provide assurance that those requesting information on options for the management of an unintended pregnancy are given non-directive counseling on the following alternative options, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination.

## **10. Professional Credentials and Licensure**

Describe procedures to ensure professional credentials and licensure are appropriately addressed, documented, and monitored.

# **F. COMMUNITY EDUCATION/OUTREACH**

For additional information on this section, refer to the *Program Guidelines*, Part I, Section 6.8 and

**6.9. The applicant should describe:**

1. Opportunities for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and persons in the community knowledgeable about the community's need for family planning services;
2. The structure of the Information and Education Review Committee and its role/function in the family planning program;
3. The evaluation process and approval guidelines used by the information and education committee to review and approve material (including process for ensuring that information is current, factual, and medically accurate), and how this information is documented; and
4. Program promotional activities and community education efforts based on needs of target population.

**G. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE**

**The applicant should describe:**

1. The evaluation system and plan to assess, at a minimum, the quality of care provided to clients; success or failure in meeting goals and objectives; effectiveness in meeting stated needs of the target population; effectiveness and efficiency of program operations; and the process to assess client satisfaction;
2. The method for ensuring ongoing availability of effective and high quality family planning clinical services; and
3. The process for resolution of identified quality issues.

**H. FINANCIAL MANAGEMENT**

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5.4 and 6.3. Applicants should provide a brief description of the financial management systems exhibiting effective controls and accountability for all funds, property and other assets, which safeguard all such assets and assures they are used solely for authorized purposes. All sources of funds used to support the project as described in the approved project plan must be included.

**1. Billing and Collections**

- a) Describe the billing and collections process with reference to the specific elements in section 6.3 of the *Program Guidelines*.
- b) Describe the process used to analyze cost of providing services, and to determine the full charges to clients. Full charges to clients must not be more than the cost of providing services. For applicants that provide services only through sub-recipients, include the policy provided to sub-recipients regarding how charges for services are to be determined and the process used by the applicant for monitoring sub-recipient compliance.

- c) Describe how the schedule of discounts (sliding fee scale) is developed, the process by which charges for services are set, and the frequency with which charges are reviewed and updated. Include the policy provided to sub-recipients regarding the schedule of discounts, and the process for monitoring compliance. **For applicants that provide direct services, include a copy of the proposed sliding fee scale;**
- d) Describe the client intake process including an explanation of how often the client financial information is updated.
- e) Indicate whether or not a written agreement is currently in place where reimbursement is available from Title XIX (Medicaid). If a State Medicaid waiver is in place, briefly describe the provisions of the waiver related to family planning. Describe how Medicaid funds are used to complement Title X funds as part of the project.

**2. Financial Audit - The applicant should:**

- a) Discuss the status of the most recent A-133 financial audit, including the date of completion, time period covered by the audit, and the date submitted to the Federal Audit Clearinghouse. (Any project receiving \$500,000 or more in total Federal funds is required to undergo an independent financial audit as described in OMB Circular A-133.)
- b) Discuss any exceptions noted by the audit and any findings noted in the management letter. This discussion should include all remedial action taken or planned.
- c) Describe the procedures in place to obtain and review current audits and management letters of sub-recipient agencies and review any actions taken as a result of those audits.

**3. Insurance Program - The applicant should describe:**

- a) The insurance program including property, casualty, professional liability, fidelity bonding, and directors' and officers' coverage; and
- b) The procedures for determining adequate insurance coverage for the sub-recipient agencies.

**I. BUDGET INFORMATION**

In addition to the Federal funds requested, the budget must include non-federal contributions needed to carry out the services defined in the application. The budget request should support the proposed program work plan. Items required by the work plan should be budgeted, and the program work plan should in turn reflect activities supported by the budget.

**SF 424A, SECTION A BUDGET SUMMARY**

This section must be completed by all applicants. All competing continuation applicants should report estimated unobligated balances of Title X funds.

**SF 424A, SECTION B BUDGET CATEGORIES**

This section is a summary of all budget calculations and information for the budget period. Use Column 1 for the basic Title X program budget. The Columns could be used as follows: Column 1 - Federal; Column 2 - Non-federal; Columns 3 and 4 - Special Projects.

The budget categories are to reflect **applicant** proposed costs:

1. **Personnel and Fringe Benefits** (See **Exhibit F** for a suggested format to present the following information):

- a) Identify each key position (e.g., project or program director, executive director, medical director, fiscal director).
- b) Provide the names of each person identified as occupying a key position and the annual salary, number of months and percentage of time allotted to the project. If a key position is vacant, include anticipated hiring date.
- c) Provide a listing of all remaining filled and vacant positions, percentage of time allocated to the project, number of months, and projected salaries.
- d) Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, life insurance, retirement plan, etc.).

2. **Travel**

Identify purposes of travel. Costs can be aggregated by category/purpose, numbers of staff and trips (e.g. project director meetings, site evaluations, training). Costs for each category/purpose should be provided. See **Exhibit G** for a suggested format to present travel information.

3. **Equipment**

List only those equipment items costing \$5,000 or more per unit. Items costing less than \$5,000 can be aggregated by category (e.g., medical, office, etc.). However, adequate detail must be provided for assessment of expenditures as they relate to the proposed project.

4. **Supplies**

Categorize supplies according to type -- medical, lab, pharmacy, contraceptive or office.

5. **Contractual**

List all sub-recipients/delegate agencies and/or contract providers and the amount of Title X funds allocated to and the non-federal resources contributed for each. Provide a description of the methodology used to allocate the funds.

6. **Other**

Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, printing, dues, subscriptions, and audit related costs would fall under this category. Funds allocated for sterilization should be listed separately.

7. **Indirect Costs**

Provide an explanation of the calculation of indirect costs that includes the rate, the base, how base is calculated, and the total amount. **Identify the amount of indirect cost charged to the Federal share of the budget. Include a copy of the current Indirect Cost Rate Agreement.**

## **SF 424A, SECTION C - NON-FEDERAL RESOURCES**

The applicant should include realistic revenue projections that reflect actual sources of income for the project. These should include income from Title XIX, Title XX, Maternal and Child Health grants through states or counties; other state, county, and local funds; Bureau of Primary Health Care; third party payers; patient revenue; and cash and in-kind contributions.

Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, and license fees and royalties on patents and copyrights.

## **SF424A, SECTION F - OTHER BUDGET INFORMATION**

Indirect cost rates budgeted for the applicant and sub-recipients should be in accordance with the indirect cost agreement allowing such costs. The grantee must have an indirect cost agreement or an accepted cost allocation plan with DHHS or other cognizant Federal agency in order to claim indirect costs. Grantees are encouraged to develop their own indirect cost policies for sub-recipient agencies **and** to enforce them.

Provide on additional pages, expense information that includes further detail by object class. If there are budget items for which costs are shared with other programs, the basis for the allocation of costs should be explained.

The budget justification must be provided in sufficient detail to support one-step below the object class category level.

### PART III. EXHIBITS

#### EXHIBIT A: FAMILY PLANNING PROGRAM SERVICE SITE INFORMATION

SUB-RECIPIENT AGENCY	LOCATION	SERVICE AREA	OFFICE HOURS	CLINIC HOURS *1	NUMBER OF USERS LAST FPAR/PROJECTED *2

**\*1 - Times of day/days of month that medical provider clinics are held.**

**\*2 - Number of users should be reported/projected at the sub-recipient/delegate agency level for umbrella agencies.**

Revised 12/05

## EXHIBIT B: SAMPLE FORMAT SERVICES PROVIDED

**1 = Direct Service, on-site   2 = Direct Service, off-site   3 = Paid referral   4 = Provided by central grant administration   5 = Not provided**

SERVICES	1, 2, 3, 4, 5
A. Client Education and Counseling	
1. Informed Consent	
B. History	
1. Physical Assessment	
2. Lab Testing	
C. Fertility Regulation	
1. Diaphragm/Cervical Cap	
2. Condom	
3. Female Condom	
4. Spermicide	
5. IUD	
6. Oral Contraception	
7. Hormonal Implants	
8. Hormonal Injection (Progestin only, Combined)	
9. Vaginal Ring	
10. Hormonal Patch	
11. Emergency Contraception	
12. Fertility Awareness Methods	
13. Sterilization (Female)	
14. Sterilization (Male)	
D. Level I Infertility Services	
E. Pregnancy Diagnosis/Counseling	
F. Sexually Transmitted Disease Testing (Specify: )	
G. Sexually Transmitted Disease Treatment	
G. HIV Services	
H. Identification of Estrogen-Exposed Offspring	
I. Minor Gyn Problems	
J. Health Promo/Disease Prevention	
K. Special Gyn Procedures	
L. Other Services (Specify):	

## EXHIBIT B-1: SAMPLE FORMAT SERVICES PROVIDED

**1 = Direct Service, on-site    2 = Direct Service, off-site    3 = Paid referral    4 = Provided by central grant administration    5 = Not provided**

<b>SERVICES</b>	<b>1, 2, 3, 4, 5</b>
<b>A. Client Education and Counseling</b>	
<b>1. Informed Consent</b>	1 - all sites
<b>B. History</b>	1 - all sites
<b>1. Physical Assessment</b>	1 - all sites
<b>2. Lab Testing</b>	1 - all sites
<b>C. Fertility Regulation</b>	
<b>1. Diaphragm/Cervical Cap</b>	1 - 12 sites; 2- 3 sites
<b>2. Condom</b>	1 - all sites
<b>3. Female Condom</b>	5 - all sites
<b>4. Spermicide</b>	1 - all sites
<b>5. IUD</b>	1 - 9 sites
<b>6. Oral Contraception</b>	1 - all sites
<b>7. Hormonal Implants</b>	5 - all sites
<b>8. Hormonal Injection (Progestin only, Combined)</b>	1 - 12 sites; 3 - 3 sites
<b>9. Vaginal Ring</b>	3 - all sites
<b>10. Hormonal Patch</b>	1 - 12 sites; 2 - 3 sites
<b>11. Emergency Contraception</b>	1 - all sites
<b>12. Fertility Awareness Methods</b>	1 - 5 sites; 2 - 10 sites
<b>13. Sterilization (Female)</b>	1 - 3 sites; 2 - 12 sites
<b>14. Sterilization (Male)</b>	1 - 3 sites; 3 - 12 sites
<b>D. Level I Infertility Services</b>	1 - all sites
<b>E. Pregnancy Diagnosis/Counseling</b>	1 - all sites
<b>F. Sexually Transmitted Disease Testing (Specify: )</b>	1 - all sites
<b>G. Sexually Transmitted Disease Treatment</b>	1 - 9 sites; 2- 3 sites
<b>H. HIV Services</b>	Prevention Ed. - all sites
<b>I. Identification of Estrogen-Exposed Offspring</b>	all sites
<b>J Minor Gyn Problems</b>	all sites
<b>J. Health Promo/Disease Prevention</b>	all sites
<b>K. Special Gyn Procedures</b>	<b>5</b>
<b>L. Other Services (Specify):</b>	

**EXHIBIT C**  
**TITLE X ASSURANCE OF COMPLIANCE**

\_\_\_\_\_ assures that it will:  
(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
5. Provide that priority in the provision of services will be given to persons from low income families.

Further:\_\_\_\_\_ certifies that it will:  
(Name of Organization)

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

*From Part 59--Grants for Family Planning Services, Subpart A, Section 59.5(a) 2, 3, 4, 5, and 6.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## EXHIBIT D: SAMPLE PROGRAM WORK PLAN

### Type of Objective: FINANCIAL MANAGEMENT

GOAL: By 12/31/2000, improve financial management of sub-recipients/delegate agencies.

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE	BEGIN/END DATES	EVALUATION
A. By 6/30/98, and ongoing, adhere to line item budgets.	1. Negotiate line-item budgets within available funding as determined by funding formula, projected fee collections, and projected expenditures.  2. Include budget within contracts with non-profit agencies.	Administrator	3/98 6/98	Line-item budgets included in contracts
B. By 12/31/98, and ongoing, complete an annual review of the financial statements and practices.	1. Determine audit requirements.  2. Conduct on-site review of financial accounting practices according to identified requirements.	Administrator Fiscal Officer  Administrator Fiscal Officer		

### EXHIBIT E: PROGRESS REPORT

Goal	Objective	Outcome Data	Progress Narrative

## EXHIBIT F: PERSONNEL COSTS

Name and Title	Annual Salary	No. Mos. Budget	% Time	Total Cost
Key Personnel:				
Other Personnel:				
Fringe Benefits - (Itemize without Federally approved rate):				
FICA				
SUTA				
Health Insurance				
Life Insurance				
Retirement Plan				
Etc.				
(show percent for each item)				

**EXHIBIT G : TRAVEL COSTS**

<b>MEETING LOCATION</b>	<b>STAFF TRAVELING</b>	<b>PURPOSE OF TRAVEL</b>	<b>NO./COST OF TRIPS</b>	<b>TOTAL COST</b>
<u>OUT of STATE</u>				
Washington , DC	Project Director	NFPRHA Annual Meeting	1 @ \$1100	\$1100
Boston, MA	Project Director Medical Director	Regional Director's Meeting	2 @ 750	\$1500
Atlanta, GA	Project Director Medical Director Financial Officer	National Grantee Meeting	3@ \$1000	\$3000

**EXHIBIT H: INSTITUTIONAL FILES**

Institutional files provide a central repository for general information of continuing value about organizations which are receiving federal grant funds.

The material contained in the institutional file will not be required in grant applications for existing grantees. Existing grantees have the responsibility to assure that the most current documents are submitted to the Regional Office. Once an institutional file is established, the grantee will submit updates as appropriate.

The following materials should be submitted to the appropriate Regional Office to be placed in the institutional file:

- Articles of Incorporation or other
- State approval of nonprofit corporation status
- IRS Certification of 501(c)(3) status
- Corporate Bylaws
- Project Administration Policy and Procedures Manual
- Clinical Policy and Procedures Manual
- Personnel policies

Updates to the above documents should be submitted to the appropriate Regional Office.

The following materials must be available on site for review:

- Billing and Collection policies
- Schedule of Charges
- Sliding Fee Scale
- Accounting Policies, Chart of Accounts, Procedures
- Nurse Practice and Physician Assistant Practice Acts
- Procurement Policies
- Personnel Policies
- Travel Policies